United Nations E/ICEF/2016/P/L.15

Economic and Social Council

Distr.: Limited
18 July 2016

Original: English

For decision

United Nations Children's Fund
Executive Board
Second regular session 2016
14-16 September 2016
Item 5 (a) of the provisional agenda*

Country programme document

Democratic People's Republic of Korea

Summary

The country programme document (CPD) for the Democratic People's Republic of Korea is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $12,735,000 from regular resources, subject to the availability of funds, and $58,637,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2016.

* E/ICEF/2016/13.

16-12347 (E) 250716

Please recycle

Programme rationale

1. Over three decades, UNICEF has enjoyed a strong partnership with the Government of the Democratic People's Republic of Korea in the common pursuit of the child-related Millennium Development Goals and in joint humanitarian action. The new country programme of cooperation affords the Democratic People's Republic of Korea the opportunity to renew its obligations to act in the best interests of all of its children, as formalized in the Convention on the Rights of the Child, the child-focused Sustainable Development Goals and the Sendai Framework for Disaster Risk Reduction 2015-2030.

2. In 2014, the country endorsed 113 out of 185 recommendations of the Human Rights Council through the universal periodic review. The proposed country programme will support the Government in the progressive realization of those recommendations pertaining to maternal and child health, nutrition, water, sanitation and hygiene (WASH), and social inclusion and the broader rights of children and women as articulated in the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities. In April 2016, the Government submitted the Fifth and sixth combined report on the implementation of the Convention on the Rights of the Child to the Committee on the Rights of the Child, which was due in 2012, and also submitted the Combined second, third and fourth periodic reports of States parties due in 2014 to the Committee on the Elimination of Discrimination against Women. The Convention on the Rights of Persons with Disabilities was signed in 2013 and, although not yet ratified, related laws are being revised in line with the Convention.

3. The country has approximately 24.9 million inhabitants (2014) with 6.8 million children, of whom 1.7 million are under age 5. The rate of urbanization is approximately 60 per cent. The total fertility rate reduced from 2.01 per cent in 2008 to 1.91 per cent in 2014, and average life expectancy rose to 72 years in 2014 (68 years for males and 76 years for females) from 69.3 in 2008.[1]

4. Gross domestic product per capita was estimated at $1,013 in 2013.[2] In the absence of a private sector, state-owned industries and agriculture account for most of the national revenue. Agriculture is the backbone of the economy and remains dependant on rainfall and traditional farming methods. This leaves the sector (and thus the economy) extremely vulnerable to the impacts of climate change and to environmental shocks.

5. The country is ranked 39 out of 191 countries in terms of disaster risk, according to the Inter-Agency Standing Committee Index for Risk Management.[3] High levels of vulnerability combined with exposure to seasonal hazards such as floods and droughts make disasters a recurrent threat, with severe impacts on children. More than 5.6 million people were affected by natural disasters between

[1] All data in this paragraph is from the Central Bureau of Statistics (CBS), Democratic People's Republic of Korea.

[2] CBS, Democratic People's Republic of Korea.

[3] 2016 INFORM risk index, accessed on 10 June 2016, www.inform-index.org/Countries/Country-Profile-Map.

2004 and 2015.[4] With climate change threatening to make extreme weather events more frequent and severe, risk reduction is a priority.

6. The Democratic People's Republic of Korea continues to face a protracted, underfunded humanitarian crisis, which has been worsened by two years of drought and complicated by limited access to quality vital services. In 2015, the Central Bureau of Statistics estimated that 5.5 million people (22 per cent of the population) were food insecure.

7. International sanctions limit national development and the implementation of United Nations-supported humanitarian programmes. In 2014, all banking channels were blocked for nine months, forcing United Nations agencies to operate in business-continuity mode and seriously reducing the ability of UNICEF to deliver life-saving health and nutrition supplies and services. A ban on imports from many countries, complex licencing requirements, increased scrutiny of supplies passing through customs and logistical complexities also delay the importation and distribution of essential supplies. Further banking channel disruptions in 2015 and in early 2016 similarly affected the organization's ability to operate. The specific impact of sanctions on the lives of vulnerable children and women could not be measured.

8. Limited data management capacity hinders the analysis, planning, monitoring, evaluation and reporting of results for children and makes it challenging to understand the distribution and depth of disparities, risks and humanitarian needs. Lack of data also makes it difficult to fully assess performance on the Millennium Development Goals or to establish a baseline for the Sustainable Development Goals, although available evidence demonstrates significant inequities. For example, the 2012 National Nutrition Survey suggests that the rate of stunting among under-five children in two northern provinces affected by the protracted humanitarian needs is almost three times higher than in the capital city.

9. Limitations on data collection make it difficult to assess the humanitarian needs of women and girls and to determine if they lack resources, decision-making power, information and knowledge, or carry an excessive burden of duties. While progress has been made in terms of de jure gender equality (gender parity has been realized in education, labour force participation and access to health care), there is evidence that de facto gender equality is not yet a reality for men and women. In 2015, women held 20.2 per cent of the seats in the Supreme People's Assembly, 16.1 per cent of the director or higher-level seats at the ministerial level, and 11.9 per cent of seats on the bench as judges. Although women comprise almost half (47.8 per cent) of the labour force, occupations tend to be stereotyped by sex, with women occupying more administrative roles than men.

10. The impact of seasonal disasters, chronic deprivation and limited access to quality life-saving services is evident in child and maternal mortality rates. According to the 2014 Socio Economic, Demographic and Health Survey, the infant mortality rate is 13.7 deaths per 1,000 live births and the under-five mortality rate is 16.2 deaths per 1,000 live births. The maternal mortality ratio decreased from 68 deaths per 100,000 live births in 2012 to 66 per 100,000 live births in 2014, and is linked to the compromised quality of maternal health services and the inadequate

[4] CBS, Democratic People's Republic of Korea.

nutritional status of women. The rate of decline in both maternal and child mortality were insufficient to achieve Millennium Development Goals 4 and 5 by 2015.

11. More than half of under-five deaths occur during the first 28 days of life due to preterm birth complications, infections and hypothermia. Pneumonia (12 per cent for the post-neonatal period in 2015) and diarrhoea (6 per cent for the neonatal period in 2015) are also major contributors to under-five mortality. Undernutrition is also recognized as a major underlying cause of both maternal and child mortality and morbidity.

12. Malnutrition is a major impediment to children's physical, cognitive and social development, considering the irreversible impact of stunting and wasting. The National Nutrition Survey in 2012 showed that there was a modest decrease in under-five stunting, from 32.3 per cent in 2009 (Multiple Indicator Cluster Survey, MICS) to 28 per cent in 2012. The same survey indicated that 4 per cent of under-five children were wasted and 0.6 per cent were severely wasted. Undernutrition results from suboptimal infant and child feeding practices, food insecurity, unsafe drinking water, poor sanitation and hygiene, the absence of quality health services and essential medicines, and the inadequate nutritional status of mothers.

13. Lack of access to safe drinking water and adequate sanitation contributes to a higher incidence of diarrhoea, respiratory tract infections and waterborne diseases. The delivery and maintenance of WASH infrastructure and services remains a challenge across the country, but especially for children in rural areas and children in institutions. The United Nations estimates that 50 per cent of schools and health facilities and 38 per cent of nurseries lack adequate water and sanitation facilities.

14. Although some 77 per cent of households have access to piped water, the piped water supply systems constructed by the Government in the 1970s and 1980s have not received sufficient investments in maintenance and rehabilitation to remain fully operational. The situation has become critical due to recurring flood damage. A Water Assessment Survey conducted by the Ministry of City Management and the Central Bureau of Statistics between 2013 and 2014 indicates low sustainability of pumped water delivery systems. Twenty-four per cent of the population use rudimentary latrines, which allow faeces to enter the environment. The economic pressure to use faecal matter as fertilizer leads to widespread and unsafe handling of excreta in agriculture.

15. The country has near universal literacy. The 2009 MICS reported net enrolment in primary school at 96.4 per cent with gender parity, a primary level (Grades 1-4) completion rate of 100 per cent, and a 100 per cent rate of transition to secondary school. In 2014, free compulsory education was extended from 11 years to 12 years. Ninety-seven per cent of children under five benefit from early childhood education. A total of 16,700 children aged 0-16 live in state-run institutions such as baby homes, residential care centres and boarding schools, the funding for which is fully supported as a state priority. There are only 11 schools supporting children with disabilities throughout the country, which includes 3 schools for children with visual impairments and 8 for hearing-impaired children. Additional data are needed to fully assess the level of access to education and needs of children with disabilities.

16. Tuberculosis poses a public health challenge, with an estimated 110,290 cases and 3,000 deaths in 2014. Moreover, there are an estimated 3,900 multidrug-

resistant cases annually. Inadequate preventive, diagnostic and treatment services contribute to high rates of transmission, including to caregivers and children exposed to infected family members. Malaria transmission is seasonal and is the non-fatal type. The incidence is on the decline, with the proportion of malaria cases among children under five years at only 0.6 per cent.

Programme priorities and partnerships

17. The United Nations and partners in the Democratic People's Republic of Korea recognize that a healthy, well-educated and well-nourished population is a more resilient one. Since multiple dimensions of child deprivation can exacerbate disaster risks, the country programme will focus on expanding access to vital services to save lives; enable healthy development and reduce underlying vulnerabilities for the most disadvantaged children and communities.

18. The programme has been developed within the four strategic priorities of the United Nations Strategic Framework (UNSF) 2017-2021: (1) food and nutrition security; (2) social development services; (3) resilience and sustainability; and (4) data and development management. It is in line with the UNICEF Strategic Plan, 2014-2017. At the same time, the programme focuses on current humanitarian priorities, including (a) ensuring access to life-saving assistance for the most vulnerable people who are affected by disasters; (b) reducing malnutrition (particularly among children under five and pregnant and lactating women); and (c) improving access to basic health and WASH services.

19. The National Coordinating Committee serves as the main counterpart of UNICEF in implementation of the country programme. Consultations in 2015 with ministries, other United Nations agencies and humanitarian partners confirmed available data and validated an analysis of the structural, underlying and immediate causes of child deprivation and the barriers and bottlenecks to the expansion of life-saving assistance and to the realization of child rights. It also identified lessons learned from the 2011-2016 country programme, which included the need for (a) improved data use and management; (b) strengthened evidence-based advocacy for scaling up of low-cost, high-impact life-saving interventions; and (3) improved programming involving all sectors to address multidimensional vulnerability. As a result, the programme emphasises stronger cross-sectoral linkages and balances the urgent supply component with the required technical assistance to support hands-on training, policy work and programme communications.

20. UNICEF will further equity-focused, risk-informed and gender-sensitive programme implementation and monitoring, using the following strategies:

(a) Service delivery for the provision of vital services and life-saving supplies for children and women in humanitarian settings. Remote and underserved communities will receive priority attention. Efforts will continue to monitor the performance of services and to provide data on the impact of reducing the burden of acute needs among vulnerable populations.

(b) A human rights-based approach is central to addressing the country's humanitarian needs and priorities in a sustainable manner. Hands-on training will support service providers and caregivers to identify, analyse and address humanitarian needs and risks and to deliver vital life-saving services to the most

vulnerable. UNICEF will also support supervisory training at subnational levels to plan, target, manage and monitor activities and adapted strategies to remove barriers and bottlenecks to the effective delivery of quality social services. There will be a focus on gap analysis and addressing disparities through direct support, policy advocacy and training.

(c) Communication for development in humanitarian settings will support service delivery by raising awareness of gender barriers in accessing services and promoting life-saving behaviours, including exclusive breastfeeding, complementary feeding and hand-washing. Communication activities will be integrated across all programmes, will address the stigma associated with children with disabilities, and advocate for approaches that address the rights of all children within the normative framework of the Convention on the Rights of Persons with Disabilities and the recommendations of the universal periodic review.

(d) Evidence generation, policy and budget influence, and communication and advocacy are critical to addressing the underlying vulnerabilities and structural causes of deprivation, which exacerbate disaster risk. UNICEF will continue to advocate with the Government for improved collection, management and analysis of real-time data across all sectors, underlining its criticality for both humanitarian and development planning. Building on available analyses and past successes, UNICEF will support scaling-up interventions to address neonatal and maternal mortality; undernutrition in women, adolescents and children; and equity in education, particularly for children with disabilities.

(e) Cross-sectoral activities will strengthen the availability and quality of child-related data across sectors, and encourage programme convergence through application of 'the first 1,000 days of life' approach, which links nutrition, health and WASH interventions. Synergies between these sectors will be demonstrated in nine provinces in nine convergent counties and will inform the replication of effective delivery of life-saving interventions. Convergence of programmes will allow planning for integrated services to reduce high rates of mortality and morbidity; promote early childhood development; address undernutrition among women and girls; facilitate equitable access to WASH services and build community resilience. In addition to these convergent counties, the health and nutrition programmes will reach an additional 41 priority counties with life-saving interventions.

(f) In the absence of civil society organizations, the private sector and international financial institutions, partnerships will be centred within the United Nations, with UNICEF providing sectoral leadership in nutrition and WASH. UNICEF will continue to work with GAVI, the Vaccine Alliance, the Global Fund for AIDS, Tuberculosis and Malaria ('the Global Fund'), academia and international organizations.

21. The effective delivery of life-saving assistance and achievement of programmatic results are dependent on a variety of internal and external factors. UNICEF assumes that it can operate from an adequate resource base and that the Government will support scale-up of evidence-based life-saving interventions using its own resources. It is also critical that the Government continue to engage in equity-based policy dialogue and support human rights principles, gender equality and inclusion in programme design; that caregivers are receptive to changing child-

feeding and care practices; and that vital services progressively improve in quality, thus optimizing inputs from UNICEF.

Health

22. UNICEF will continue to support the Government in the development of health sector policies and implementation of the Medium Term Strategic Plan for the Development of the Health Sector, focusing on the provision of life-saving humanitarian interventions for the most vulnerable communities. In line with the UNSF, the programme will contribute to the strengthening of health-care delivery to provide urgently required gender-sensitive, evidence-based preventive and curative services, which will help to reduce maternal, neonatal and under-five morbidity and mortality, and prevent and control malaria and tuberculosis. UNICEF will also support the Disaster Management Unit of the Ministry of Public Health to better identify humanitarian needs and risks, and to promptly and effectively prepare for and respond to emergencies.

23. The Integrated Management of Newborn and Childhood Illnesses (IMNCI) programme will focus on the major causes of under-five mortality, including pneumonia, diarrhoea and undernutrition. Along with the provision of essential medicine kits, the programme will be implemented in 50 priority counties affected by the protracted humanitarian crises. In these counties, 5,000 household doctors (male and female) will be trained and supplied with essential medicines and basic equipment to provide effective antenatal care, basic curative services and health promotion. The delivery of immunization services will be supported nationally and will be improved by training managers, upgrading the cold chain and enhancing monitoring systems to ensure quality services, with particular attention to hard-to-reach villages and those affected by the protracted humanitarian crisis. Based on a further needs assessment, a total of 89 counties may also receive the essential medicine kits.

24. A costed package of evidence-based emergency obstetric and newborn care services will be implemented in nine convergent counties to demonstrate its contribution to reducing maternal and neonatal mortality, and to inform scale up by the Government.

25. Tuberculosis and malaria will be addressed through mid-2018 with funding provided by the Global Fund through UNICEF as the principal recipient and the World Health Organization as the subrecipient. The tuberculosis grant focuses on expanding case management and strengthening health systems to ensure efficient supply chain management and service delivery in 190 counties in 10 provinces. The malaria grant aims to reduce incidence by 70 per cent in 2017 and focuses on diagnosis and treatment, targeted vector control and prevention measures in 123 counties in nine provinces.

Nutrition

26. Considering the presence of both acute and chronic needs and vulnerabilities, the nutrition programme component will contribute to the reduction of undernutrition in children and women, including stunting, wasting and micronutrient deficiencies. The programme will focus on delivering an integrated package of nutrition-specific interventions to adolescent girls, women of reproductive age, pregnant and lactating women and children under five, with a

special focus on children aged 0-23 months. It will promote the equitable use of quality nutrition services and behaviours for preventing and treating undernutrition, and will provide life-saving treatment for acutely malnourished children in the 50 priority counties supported by health partners, which include the nine convergent counties. Based on needs, support for providing treatment for acutely malnourished children may be extended to cover a total of 89 counties.

27. To help to ensure that every child can realize their full cognitive and physical capacity, hygiene and nutrition education and communication will be supported to promote optimal infant and young child feeding practices. This includes early initiation and exclusive breastfeeding, age-appropriate complementary feeding, optimum caring practices and early stimulation. Nutrition education will be provided in maternity hospitals, childcare institutions and at the community level by household doctors.

28. UNICEF will continue its support for national distribution of vitamin A, deworming and multi-micronutrient supplementation to prevent micronutrient-related disorders and to prevent anaemia among young children, adolescent girls, and pregnant and lactating mothers. Gender-responsive information on women's health and hygiene will be included along with the delivery of micronutrient supplements. Efforts will continue to address iodine deficiency disorders including through the iodization of salt. UNICEF will support the provision of zinc for the treatment of diarrhoea.

29. The nutrition programme will use disaggregated data to formulate a multisectoral nutrition strategy that considers persistent humanitarian needs, reflects international standards and promotes equity. The nutrition emergency preparedness and response plan will include strategies for risk reduction and for building resilience among communities.

Water, sanitation and hygiene

30. In line with sector strategies and the UNSF, the WASH programme component will contribute to improving access to sustainable clean water supplies, ensuring water quality and promoting improved sanitation and hygiene practices, including the safe management of excreta. Focusing its activities exclusively in the nine convergent counties, the programme will address humanitarian needs and risks and focus on communities, schools and health facilities, considering the specific hygiene and sanitation needs of women and girls. It will provide technical and other support to complement local resources used to establish gravity-fed water systems.

31. The programme will support the delivery of services at the community level through technical assistance, coordination, evidence-based sector planning, monitoring and leveraging resources for expanded services. Technical assistance will support the development of guidance on gender standards in WASH. The resilience of communities and the Ministry of City Management at subnational levels will be strengthened to cope with floods and droughts. The programme will also support a hygiene education and behaviour change communication strategy to address risky hygiene behaviours.

Planning, monitoring and evaluation

32. This programme component aligns with the data and development management thematic area of the UNSF and aims to improve the availability, quality and use of data to better analyse the patterns of humanitarian needs and address risks. Improved analysis should enable evidence-based policy advocacy and planning, as well as improved design, monitoring and evaluation of programmes, particularly for addressing humanitarian needs.

33. UNICEF will strengthen the capacity of the Child Data Management Unit of the Central Bureau of Statistics to undertake equity-focused, age- and gender-disaggregated data analysis, with a special focus on humanitarian needs and risks. Understanding the immediate, underlying and root causes of vulnerability, the programme will contribute to advocacy and policy dialogue, and support reporting on the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities.

34. Decision makers in key technical ministries will be supported to track indicators and to remove the bottlenecks and barriers that prevent humanitarian needs from being addressed. The National Commission for Disaster Management will have increased capacity for identification and mapping of vulnerabilities and risks and planning and responding to humanitarian situations in at-risk communities. The programme component will recognize and account for specific gender needs in terms of vulnerability and coping mechanisms in emergencies.

35. The Education Commission will play a central role in ensuring that disaggregated data sharpens education planning and helps to address inequities, with a specific focus on identifying and addressing the educational needs of children with disabilities.

Programme effectiveness

36. Programme effectiveness will support the four programme components (health; nutrition; WASH; and planning, monitoring and evaluation) by ensuring the efficient and effective use of funds, supplies and human resources as they relate to both programmes and operations. This component will support cross-cutting issues such as advocacy, communication for development, inter-agency coordination, monitoring, evaluation and staff development.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health*	2 946	33 270	36 216
Nutrition	3 576	13 902	17 478
Water, sanitation and hygiene	3 396	8 465	11 861
Planning monitoring and evaluation	526	1 500	2 026
Programme effectiveness	2 291	1 500	3 791
Total	**12 735**	**58 637**	**71 372**

* $12.4 million has been provided by the Global Fund to address tuberculosis and malaria in 2017/18.

Programme and risk management

37. The National Coordinating Committee organizes the development of the UNSF to which the UNICEF-supported programme is aligned, facilitates the work of UNICEF with all counterparts, approves the number of UNICEF International Professional Officers and facilitates visas for staff and consultants.

38. Government personnel are seconded to UNICEF from the Ministry of Foreign Affairs but there have been challenges matching available skills sets with the programme requirements. Seconded personnel are accountable to the Government and, due to their high turnover, the retention of institutional memory is a challenge. To improve efficiency and effectiveness, UNICEF will continue its efforts to directly engage technically skilled national personnel, bolster internal capacity to provide ongoing technical assistance, and strengthen monitoring and evaluation as vital learning and accountability tools.

39. The Ministry of Public Health is the primary duty-bearer for the health and nutrition programmes, and works with other government institutions, including the Academy of Medical Sciences and the Institute of Child Nutrition. The State Planning Commission oversees the universal salt iodization initiative. Accountability for WASH-related activities rests with the Ministry of City Management. The Child Data Management Unit of the Central Bureau of Statistics plays a pivotal role in providing the systematic evidence needed to plan, monitor and evaluate programmes. The Education Commission is a partner in addressing disparities in the education sector, including with regard to children with disabilities and WASH in schools.

40. Political uncertainty and international sanctions have an impact on UNICEF capacity to mobilize resources for the country programme. This in turn can affect the organization's ability to support partners with necessary financial, material and technical assistance, thus threatening the achievement of outputs. Further restrictions to banking, supply chains and staff movements can also cripple operations and increase risks for vulnerable communities.

41. The collective achievement of outcomes could also be threatened by factors in the wider environment beyond the organization's control, such as downward trends in the economy and the agricultural sector that affect food security and government support for social services. Humanitarian situations, triggered by both human and natural hazards, are also a persistent risk to the achievement of results, with potentially severe consequences for children and for UNICEF. In convergent counties, unequal funding across programmes may undermine the expected programmatic synergy. There are also risks associated with the Government as the sole interlocutor that determines which perspectives, resources and priorities will be integrated into sectoral plans.

42. To mitigate risks at different levels of the results chain, UNICEF will push to expand the evidence base to enhance programme design, sharpen targeting, better focus advocacy efforts and enhance the mobilization and leveraging of resources. UNICEF will also work in close coordination with other United Nations agencies to engage with the Government on issues related to access, continuity of operations, good practices and lessons learned on programming. Technical assistance from UNICEF international staff will ensure a robust field presence for programme monitoring, through the use of standardized tools and templates. In coordination

with other United Nations agencies, UNICEF will continue to analyse risks in the programming environment, develop contingency plans and ensure that relevant early warning, early action and enterprise risk management systems are up to date. This includes preparation of an annual risk control self-assessment process (where risks are assessed and mitigation measures confirmed) and relevant plans for business continuity. UNICEF will also conduct rigorous financial tracking and regular audit of its systems and structures to ensure proper stewardship of financial resources. Programme evaluation will be a priority, with the evaluation budget rising up to 1 per cent, in line with global best practices.

43. This country programme document outlines UNICEF contributions to humanitarian results and serves as the primary unit of accountability to the Executive Board for results and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

44. To ensure that all financial and material resources are used effectively, efficiently and in accordance with plans to achieve the desired results, UNICEF will strengthen its routine supply and programme monitoring activities. Supply monitoring will consider the timeliness of deliveries and proper storage and accountabilities for every step of the logistics chain to the end user. Routine programme monitoring will ensure that health-care providers properly use the supplies and that programme activities are implemented as planned. During programme monitoring, UNICEF will provide on-the-job training to health staff to correctly use supplies and identify and respond to issues in programme delivery.

45. Evaluation will be critical in determining the efficiency, effectiveness and continued relevance of the new programme in a rapidly evolving programming context. As part of the UNSF and UNICEF programme development, monitoring and evaluation matrices were developed and aligned, thus ensuring that equity, gender equality and disaster risk and environmental sustainability are central thrusts of the programme.

46. UNICEF, working with the National Coordinating Committee and the Central Bureau of Statistics, will also strengthen the Child Data Management Unit to improve the analysis and use of age- and gender-disaggregated data in order to monitor results for equity. The UNICEF plan for monitoring and evaluation will be linked to the monitoring framework of the UNSF and will be the basis for tracking progress and ensuring that independent summative evaluations are built into programme design. Humanitarian performance monitoring will be used to assess progress towards results and to make changes that may be required using annual sectoral reviews and the mid-term review.

Contingency planning

47. In the event that other resources become severely limited, UNICEF will further prioritize support for the most impactful life-saving interventions in the country programme, namely the immunization programme, the provision of essential medicines and the treatment of severely malnourished children.

Annex

Results and resources framework

Democratic People's Republic of Korea — UNICEF country programme of cooperation, 2017-2021

Sustainable Development Goals: 2. Improved nutrition 3. Ensure healthy lives, promote well-being; 4. Ensure inclusive, equitable quality education; 6. Ensure availability and sustainable management of water and sanitation; 10. Reduce inequality; 17. Strengthen global partnerships.
United Nations Development Assistance Framework outcomes involving UNICEF: Strategic priority one: Food and nutrition security, Outcome 1.3; Strategic priority two: Social development services: Outcomes 2.1 to 2.7; Strategic priority three: Resilience and sustainability; Outcome 3.1; Strategic priority four: Data and development management: Outcomes 4.1 to 4.3
Related UNICEF Strategic Plan outcome(s): Health; WASH; Nutrition; Education; Social inclusion

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2021, pregnant women and newborn and under-five children have equitable access to essential health care services; and tuberculosis and malaria are prevented and controlled.	Percentage (%) of under-one children and pregnant women fully vaccinated. Baseline (B): 94% (Expanded Programme on Immunization (EPI) report 2015) Target (T): 98%	Health Information Management System (HMIS)	Ministry of Public Health (MoPH) has enhanced capacity to develop, implement and monitor evidence-based maternal, neonatal and child health (MNCH) national policies, strategies, humanitarian action plans and guidelines. A package of knowledge products, skills and tools is available to ensure equitable	National Coordinating Committee (NCC), MoPH; Academy of Medical Sciences; World Health Organization (WHO); United Nations Population Fund (UNFPA); GAVI, the Vaccine Alliance, the Global Fund	2 946	33 270	36 216
	% of deaths among children under five years due to diarrhoea. B: 6% (A Promise Renewed (APR), 2015)	Coverage Evaluation Survey (CES), APR, National Tuberculosis (TB)					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: 4%	and Malaria Surveillance System, Demographic and Health Survey (DHS)/MICS, IMNCI evaluation	access to quality maternal, neonatal and child health services, including emergency obstetric and newborn care (EmONC). MoPH and health system have enhanced capacity to provide equitable access to quality immunization and IMNCI services, particularly in those regions affected by the protracted humanitarian crisis. MoPH has the capacity and commitment to provide quality-assured diagnosis and treatment of malaria cases, and implement targeted vector control interventions. MoPH has enhanced capacity and commitment to scale up preventive, diagnostic and treatment services for TB and multi-drug resistant TB cases. MICS, health EPI CES and evaluation of community IMNCI conducted.				
	% of deaths among children under five years (post neonatal period) due to pneumonia. B: 12% (APR, 2015) T: 7%	APR					
	Case notification rate of all forms of TB per 100 000 population B: 394 (National TB and Malaria Surveillance System, 2013) T: 414	National TB and Malaria Surveillance System					
	% of population at-risk covered by long lasting insecticidal nets B: 51.9% (National TB and Malaria Surveillance System, 2013 HMIS T: 100%	National TB and Malaria Surveillance System, HMIS					
	% of households in targeted areas covered by indoor residual spraying	National TB and Malaria Surveillance					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR)* (In thousands of United States dollars)		
					RR	*OR*	*Total*
	B: 81.4% (National Malaria Surveillance System, 2013) T: 95%	System,					
2. By 2021, adolescent girls, women of reproductive age, pregnant and lactating women and under-5 children utilize nutrition services equitably and practice age- and context-appropriate behaviours for the prevention and treatment of undernutrition.	% infants <6 months exclusively breastfed B: 69%, T: 80%	National Nutrition Status Survey, MICS, DHS.	MoPH has enhanced capacity to develop, implement and monitor a comprehensive package of women-, adolescent- and child-related nutrition-specific interventions, particularly in those regions affected by the protracted humanitarian crisis. State Planning Commission and Ministry of Chemical Industry have national implementation and monitoring plans and frameworks to achieve universal salt iodization. National Nutrition Survey of under-five children, adolescents and women conducted	NCC, MoPH State Planning Commission, National Institute for Child Nutrition, World Food Programme, WHO, UNFPA	3 576	13 902	17 478
	% of households consuming adequately iodized salt B: 25%, T: 50%	Health and Nutrition Information Management System					
	% of pregnant women receiving micronutrient tablets B: 27%, T: 50% (National Nutrition Survey)	Health and Nutrition Information Management System					
3. By 2021, women and children have equitable access to sustainable, clean water and sanitation services, and practise	% of national population using improved and safely managed drinking water services B: 77% (derived from Central Bureau of Statistics	MICS; census; DHS/equivalent survey; Education Management Information System (EMIS); HMIS;	Selected cooperative farms, households, schools and health facilities in nine convergent counties have the knowledge and skills required to practice hygiene behaviours	NCC, MoCM, State Commission for Emergency and Disaster Management, Food and Agricultural Organization of the	3 396	8 465	11 861

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
improved hygiene and sanitation behaviours in humanitarian situations.	(CBS)/Ministry of City Management (MoCM) Water Assessment, 2013) T: 90%	Water Assessment Surveys and other surveys; Annual WHO/UNICEF Joint Monitoring Programme (JMP) reports	and safe use of faecal matter in agriculture. Water quality testing data are made available according to international standards, used as input for water sector policy dialogue. People's Committees in nine convergent counties have strengthened capacity to assess WASH needs and to plan, manage and monitor WASH services. State Commission for Emergency and Disaster Management has strengthened capacity for a multisectoral emergency response in line with the Core Commitments for Children and to build community resilience in Humanitarian Action. Water quality assessment and impact evaluation of gravity fed water system conducted	United Nations, United Nations Development Programme			
	Number (#) of schools and health-care facilities with basic WASH facilities B: unknown T: at least 20% above the baseline	EMIS, Water Assessment Surveys and other surveys					
	% of national population using improved and safely managed sanitation services B: 82% (WHO/UNICEF JMP, 2014) T: 92%	MICS, annual WHO/UNICEF JMP reports					
	% of national population safely using faecal matter in agriculture B: 23% (virtual open defecation, derived from field observations and WHO/UNICEF JMP, 2014) T: reduced to less than 13%	MICS, annual WHO/UNICEF JMP reports					
4. Government uses disaggregated data for equity-focused social policy development	# of sectors using current data disaggregated by gender and location in policies and plans	Sectoral policies and plans	CBS has capacity to coordinate, analyse and disseminate disaggregated data related to children,	NCC, CDMU/CBS, National Education Commission, Handicap International, United	526	1 500	2 026

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR)* (*In thousands of United States dollars*)		
					RR	*OR*	*Total*
and planning and for reporting on the rights of children and women in humanitarian situations.	B: NA T: 4 sectors (health, nutrition, WASH and education)		adolescents and women in humanitarian situations. National Education Commission has data and evidence to improve planning, learning outcomes and to address the needs of children with disabilities. Learning achievement assessment conducted	Nations Educational, Scientific and Cultural Organization, UNFPA			
	Convention on the Rights of the Child (CRC)/Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)/Convention on the Rights of Persons with Disabilities (CRPD) reports use current disaggregated data B: NA T: 3 reports (CRC/CEDAW/CRPD)	CRC/CEDAW/ CRPD reports					
5. Programme effectiveness: Country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for childrer.	# of participatory annual reviews conducted during the programme cycle Baseline: 6 (2011-2016) Target: 5	UNICEF monitoring	UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes.	NCC, CDMU/CBS, MoPH, Institute of Child Nutrition, Academy of Medical Sciences, MoCM, Ministry of Education, State Planning Commission. Other: United Nations agencies	2 291	1 500	3 791
Total resources					**12 735**	**58 637**	**71 372**